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ABSTRACT

The third phase of a three-cycle evaluation process designed for the Primary Education Program (PREP) of the Hillsborough County Public Schools (Tampa, Florida) was undertaken by evaluation teams in April 1981. Evaluation involved different data collection techniques. First, interviews with principals and curriculum intervention specialists at nine sample schools provided descriptions of the extent of PREP's health component (including health assessment, referrals, and record keeping) and educational assessment, instructional strategies, staff development, and parent involvement. Second, examination of PREP records of kindergarten and first grade pupils indicated the extent of compliance with record keeping guidelines. Third, classroom observations allowed identification and comparison of objectives, strategies, activities, and interactions in different PREP classrooms. Fourth, teacher questionnaire responses indicated teachers' training needs and requirements for student assessment and strategy assignment. Finally, statistical data provided personnel utilization information. This report presents the evaluation findings, discusses conclusions and recommendations for cycle three, and describes action taken on recommendations for cycles one and two. Appendices include some forms used in the evaluation, and definitions of variables considered in the study. (MJL)

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EVALUATION REPORT
PREP IMPLEMENTATION IN HILLSBOROUGH COUNTY
CYCLE III
May, 1981

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UD 022 699

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0.0 INTRODUCTION

Included in the 1980-81 Hillsborough County PREP proposal is a three-cycle evaluation procedure designed to investigate the degree of PREP implementation in district elementary schools. Results of the first two evaluation phases, completed during November, 1980, and January, 1981 have been reported and disseminated.

During the month of April, 1981, evaluation teams visited elementary schools in the district to collect information about health and educational components, instructional strategy implementation, PREP records, and personnel utilization. Based on outcome statements listed in the Hillsborough County PREP proposal and on information gathered during the first two evaluation cycles, the evaluation committee formulated a set of interview questions. Principals and curriculum intervention specialists in nine randomly selected schools were interviewed onsite. In addition, observations of 69 kindergarten and first grade students in 30 classrooms were conducted, and teachers in these classrooms were asked to complete a short questionnaire.

The purpose of this document is to summarize the evaluation teams' findings during this third cycle of the PREP evaluation. Contents of this document are organized as follows:

1.0 Health Component

2.0 Educational Component

3.0 PREP Records

4.0 Strategy Observations

5.0 Personnel Utilization

6.0 Teacher Questionnaire Responses

7.0 Conclusions and Recommendations

8.0 Future Evaluation Plans

1.0 HEALTH COMPONENT

Principals and curriculum intervention specialists at the nine sample schools were asked a series of questions about their schools' implementation of PREP's health component. Based on their responses several statements can be made.

- The classroom teacher in kindergarten and grade one is primarily responsible for students' health screening and for recording data on students' health records. Occasionally the public health nurse and/or curriculum intervention specialist assist the teacher in record keeping. If the school employs a health aide, however, these functions are the responsibility of that person.

- Referrals beyond the screening level are principally in the areas of vision and hearing. If students appear to require additional assessment in these areas, parent contact is made through a letter or phone call. This procedure reportedly operates effectively in most of the sample schools. Personnel at several schools commented that as a result of the health screening process, some students have procured glasses or hearing aids, other students have been involved in visual tracking activities, and for others adjustments have been made within the classroom (e.g., preferential seating).

- A limited number of referrals have been made in the areas of nutrition and/or growth and development. Less than five kindergarten and first grade students at the nine sample schools were referred to the public health nurse for possible nutritional deficiencies or problems of overweight. In all of these cases, the public health nurse discussed the situation with parents who were encouraged to follow through with their family physician. Personnel at one school reported that they are considering conducting an informational nutrition class for parents. At another school the nurse maintains a nutrition club for overweight children who are encouraged to "eat right" and "weigh in" with the health aide every week.

- Greater emphasis is necessary in the area of dental screening. Most of the nine sample schools reported that the public health nurse conducted dental screening with kindergarten, first grade, and/or third grade students sometime during the school year. If need for additional assessment was noted, parent contact was made through a letter or phone call. Respondents at most schools commented that they were not aware of follow-up in this area. Personnel at one school reported that one-third of their students required further dental care. At another school, although the nurse had contacted parents of identified students, extensive need for dental care was indicated and follow-up was reportedly negligible.

- Mental health screening and referral generally follow the procedures of the special services team (SST). Kindergarten and first grade students who are observed by the classroom teacher to exhibit inappropriate behaviors are usually referred to the guidance counselor, diagnostician, and/or curriculum intervention specialist. In two schools, the public health nurse worked with community mental health representatives to procure community assistance for a student and his/her family. Although this procedure is not always initiated during the first eight weeks, it is reportedly effective in identifying students in this area.

All respondents agreed that the health component was a necessary part of PREP which is effective in early identification of students with health problems, particularly in the areas of vision and hearing. One curriculum intervention specialist pointed out that PREP's health screening procedures should prevent efforts in academic areas that in the past may have missed the point. One principal commented that although school personnel had been doing many of the health screening activities prior to PREP implementation, he found that as a result of PREP, teachers were better informed and generally more aware of health issues.

Most respondents reported that the health procedures were implemented satisfactorily in their schools. Personnel at larger schools, however, stated that they had encountered some difficulties in follow-up of identified health problems because of the limited amount of time which the public health nurse spent in their schools relative to the number of children identified as needing services. Several persons mentioned that they had difficulty complying with the eight-week time allotment for completion of kindergarten screening because of the two-and-one-half-hour kindergarten day.

When asked for suggestions in order to improve procedures for the health component, respondents mentioned the following:

1. incorporating the recording of health data presently on various health forms into one comprehensive form,
2. securing additional time and services from public health nurses for follow-up activities and teacher and parent contacts (particularly at larger schools),
3. allowing more than eight weeks for health screening of kindergarten students,
4. hiring health aides on an hourly basis in order to assist with screening and record keeping activities.

Two of the nine sample schools employed half-day health aides to assist with their health screening activities. These aides were questioned by the evaluation team concerning their roles and functions relative to PREP. Primary roles of the health aide in both of these schools appear to be those of coordinator of PREP health screening activities and liaison between the school and the public health nurse.

Although their functions differed slightly at each school, generally the health aide is responsible for: measuring height and weight of each PREP student; assisting in vision, dental, and nutrition screening and follow-up; screening of newly-entering students; completing group and individual student records according to health screening data; assisting classroom teachers and the public health nurse in observation of health problems; communicating with the public health nurse about students who require further health assessment; monitoring the health room; communicating with parents; and assisting with other health problems (e.g., head lice) which may occur in the school.

One principal stressed that the health aide provides direct service to classroom teachers in terms of screening, record keeping, and immediate follow-up of observed health problems, thus freeing teachers to devote their time to instruction. It was also noted that an additional benefit of the health aide is improved communication with parents regarding their children's health problems and patterns of illnesses. One health aide reported that parents seem comfortable in discussing their children's absences and illnesses with her, and are aware that she is the person in the school who is responsible for communicating health problems to them.

Suggestions for improving health aide services to schools included:

1. inservice for health aides in recognizing childhood diseases,
2. renewal of Red Cross training each year for continuing health aides,

3. continuation of initial inservice with new and continuing health aides,

4. differentiation between health aides and instructional aides, with the intent of health aides to serve the entire K-6 program.

Principals expressed positive remarks about their health aides, and commented that all schools should have their services.

In general, it appeared that aside from difficulties in larger schools, persons are relatively comfortable with PREP's health procedures. Most respondents commented now that they were familiar with the requirements, health screening for the 1981-82 academic year (even with the addition of grades 2 and 3) should pose few problems.

2.0 EDUCATIONAL COMPONENT

Seventeen principals and curriculum intervention specialists at the nine sample schools responded to a set of interview questions related to the educational assessment, instructional strategies, staff development, and parent involvement components of PREP. Compilation of responses gleaned the following information.

- The number of kindergarten students awaiting initiation or completion of the further educational assessment process ranged from 0 to 56. Three schools had completed further educational assessment on all kindergarten students. Most schools reported less than six kindergarten students awaiting further assessment. One large school, whose kindergarten population approaches 200 students, reported as many as 56 students' names still on the further assessment list. The educational diagnostician is primarily responsible for assessing kindergarten students. At most schools, it was expected that all kindergarten students awaiting assessment would be completed by the end of the school year.

- The number of first grade students awaiting initiation or completion of the further educational assessment process ranged from 0 to 21. Two schools had completed further educational assessment on all first grade students. Most schools reported less than five first grade students awaiting further assessment because the curriculum intervention specialist is primarily responsible for this assessment. At this point in the school year most first grade students' assessments (unless they are late entries) are completed. However, in two large schools 20 and 21 first graders, listed as priority students, were reportedly awaiting further assessment by the diagnostician. It was not known whether or not these students' assessments would be completed by the end of the year.

- Personnel at all nine sample schools commented that further assessment information is shared with parents. Although the manner of reporting varies among schools and teachers, most respondents stated that information shared with parents is more detailed, more specific in terms of need statements, and more systematic than

it has been in the past. As a result of further assessment, parents receive early information about their children's strengths and weaknesses, and are provided specific recommendations for home activities in areas such as fine and gross motor skills, visual discrimination, and specific skill remediation. One principal pointed out that smaller class sizes, particularly at the first grade level, allow teachers to know their students better and to spend more time with parent conferences.

.A majority of the nine sample schools reportedly have offered some type of parent involvement activities for parents of kindergarten and/or first grade students. Personnel at four schools noted that ESEA parent groups meet at their schools. Other schools send regular newsletters to parents. Guidance counselors at some schools offer classes for parents, particularly those of younger students. The diagnostician at one school reportedly gave a workshop at the beginning of the school year for parents of kindergarten and first grade students. In addition, homework packets and letters are regularly part of some students' school activities. Interestingly, during American Education week, one school offered minicourses in parent education. Several respondents noted that more could and should be done in this area of parent involvement but more time is needed. A curriculum intervention specialist and principal added that their school is planning an orientation for parents of incoming kindergarten students and that explanations of PREP will be included. Respondents at two schools stated that they had planned and implemented several parent training sessions, but had received such limited initial response that the remainder of the sessions had been cancelled.

.Personnel at eight of the nine sample schools had reportedly reviewed instructional strategies for redesign and/or reassignment. In reviewing strategies, several students (a range of four to twelve) at each school were assigned a different strategy than originally assigned. Strategy change decisions were based principally on teacher observation and classroom performance. In some instances, before a change was initiated the curriculum intervention specialist would administer a Slosson Intelligence Test or other formal instrument. Several persons remarked that they will use results of the Comprehensive Test of Basic Skills in reviewing students' strategy assignments at the end of this school year. The teacher and the curriculum intervention specialist (and occasionally the diagnostician, DEES teacher, and/or Title I teacher) are involved in the review process.

.Most strategy changes involved reassignment of students from the developmental to the enrichment strategy. This phenomenon occurred primarily at the first grade level where students were assigned the developmental strategy at the end of the kindergarten year, made significant progress in reading and/or mathematics in grade one, and thus were reassigned to the enrichment strategy.

.Most respondents reported no problems in reviewing and reassigning strategies. Several persons, however, commented on the time necessary to review each student and that the first review session was somewhat awkward because they were not accustomed to making strategy changes.

.The time span between strategy reviews varied among schools. One curriculum intervention specialist stated that students' strategies are reviewed every nine weeks. Several other curriculum intervention specialists remarked that strategy assignments already had been examined once this year and would be reviewed again in May or before the end of the school year. Another respondent commented that the curriculum intervention specialist and teachers would be reviewing strategy assignments in the fall.

.Perceived staff development needs centered around three major areas: 1) communication with second and third grade teachers about PREP, 2) record keeping procedures, and 3) strategy implementation.

.Most principals and curriculum intervention specialists stated that their most urgent inservice need was dissemination of PREP guidelines and procedures to second and third grade teachers. Two schools already had made applications for faculty studies for this purpose.

.Curriculum intervention specialists and teachers repeatedly mentioned their desire for additional information on record keeping. They specifically requested school-based workshops on maintenance of the PREP record.

.Inservice in strategy implementation was also seen as a priority need. Workshop suggestions included: terminology review, specific teaching guidelines and materials for each strategy, remediating deficiencies, developing self-concept, diagnostic teaching, the enrichment strategy, using small groups, and evaluating student progress. Several respondents were especially complimentary about the Holt Alternative Language Arts Program workshops which were sponsored by the Florida Diagnostic and Learning Resources System (FDLRS) this year, and suggested the development of enrichment strategy workshops similar to these.

.Several curriculum intervention specialists requested a general review of PREP guidelines and procedures, including clarification of strategy designs, before the beginning of the next school year.

.When asked whether or not Special Services Team (SST) referrals had been influenced by PREP, most persons responded affirmatively. Although there have been no dramatic differences in referrals, several respondents stated that they felt more confident in the appropriateness of referrals that are being made because more data are available on each student. Educational and health screening and assessment information facilitates earlier identification and provides documentation of classroom interventions. Several persons noted a decrease in the number of SST referrals at their schools, and attributed this occurrence to the diagnostician's interventions and to school personnel being more knowledgeable about trying other things within the classroom.

.SST referrals at the third grade level are not seen as influenced by PREP. Because of the stipulation that students must master all of the minimum performance standards which are tested at the third grade level before being promoted to grade four, there was concern that SST referrals of third grade students would increase. This situation has not occurred in the nine sample schools, where respondents stated that most students in need of special services were usually referred prior to third grade assessment.

.Summer school attendance at the third grade level apparently has not been significantly influenced by PREP. As in past years, most third grade students who will be attending the summer program are required to do so based on their reading levels. Although some students will be required to attend because of non-mastery of the minimum performance standards, this is not a frequent occurrence (a range of one to six at eight sample schools), nor is it viewed as a problem by school officials.

.As mentioned in previous evaluation reports (see Cycles 1 and 2), PREP is viewed in a positive light by most principals and curriculum intervention specialists. Favorable comments were frequently made about lower class sizes, systematic observation of students, early identification of problems through health and educational screening, and additional aides and curriculum intervention specialists.

.When asked about negative aspects of PREP in their schools, most principals and curriculum intervention specialists who were interviewed mentioned the increased paperwork for

teachers in both the health and educational components, the inability to lower teacher-pupil ratios because of insufficient space, and the lack of conference time for strategy reviews and information exchange. One principal remarked that mastery of all third grade performance standards prior to promotion to fourth grade was an unreasonable requirement for some students, particularly those in special resource programs (e.g., learning disabilities and emotionally handicapped).

.Several respondents stated that some teachers were not sufficiently aware of the types of changes that PREP was designed to make, nor were they able to see immediate positive occurrences in their own classrooms. Suggestions were made for increased communication to include a bimonthly update on PREP activities and increased communication about PREP's overall goals and philosophy (to the teacher level). One curriculum intervention specialist compiled and distributed a PREP information sheet which listed the number of students in each kindergarten and first grade classroom, the number of students who had received further assessment services, and how aides were utilized in first grade classrooms. (See Appendix A.) She suggested compiling a similar sheet several times each school year so that staff members would be aware of PREP's contribution to the school program.

.Screening and assessment of bilingual students continues to be seen as a problem in at least one sample school. One curriculum intervention specialist questioned whether or not schools were accountable for implementation and assignment of strategies for bilingual students. The bilingual staff has administered the Holt Placement Indicator and the Peabody Picture Vocabulary Test in Spanish. However, these two instruments are apparently the only ones available at this time.

3.0 PREP RECORDS

Selected evaluation team members examined PREP records of 70 kindergarten and first grade students to determine the degree to which the records were being used and the extent of compliance with guidelines for their use. On the whole, records were complete and filled out appropriately for preventative, developmental, and enrichment strategy students. If errors were noted, they were generally found on preventative strategy records. Occasionally, redesign dates (required for students assigned the preventative strategy) were missing or inappropriately placed. In four instances, required entries were not made in the instructional plan section of preventative strategy records. In one instance, no assignment of strategy had been recorded although further assessment had been completed in October, 1980, and a diagnostic report was present in the PREP record. Most records which indicated a preventative strategy assignment, however, were complete, and included further assessment information as well as instructional plan suggestions.

Based on recorded information, it appeared that students' strategy assignments had been reviewed at least once this academic year in five of the nine schools. Some showed that strategy assignments had been changed during this academic year while other indicated "continue, as is" the present assignment. At the remaining four schools, PREP records did not indicate that students' strategies had been reviewed.

Comments from curriculum intervention specialists and teachers revealed that they preferred revision of the PREP record to make it more efficient to use, and would welcome additional instructions (written and verbal) on its function and use.

4.0 STRATEGY OBSERVATIONS

In order to determine the degree of implementation of the three teaching strategies (preventative, developmental, enrichment) outlined in Hillsborough County's PREP proposal, observations were conducted in 30 district classrooms. Based on their strategy assignments at the nine sample schools, sixty-nine kindergarten and first grade students were selected and observed during a portion of their school day. Forty-four primary one students were observed during the reading/language arts block and twenty-five kindergarten students were observed during the academic portion of their school day in order to determine whether or not differences in strategy assignments had any bearing on the manner in which students were instructed.

Nine variables of interest based on the strategy implementation section of the Hillsborough County PREP proposal were identified. Observations were made of the types of objectives taught, materials used, group size and type, modalities involved, degree of teacher direction and/or supervision, levels of instruction, amount of language experience activities, on task-off task behavior, and amount and type of feedback or reinforcement.

Table 4.1, organized according to the three strategies and nine identified variables, provides a summary of kindergarten observations. It should be noted that at the time of observation in almost every kindergarten classroom students were engaged in the same activities, and were using the same materials. Thus, few differences among the three strategies were noted on the nine identified variables. It

should also be pointed out that data in the enrichment cells are taken from only four kindergarten students assigned the enrichment strategy. Most kindergarten teachers reported that they assign the enrichment strategy to very few students. In only five of the nine sample schools were enrichment strategy kindergarten students identified. One identified student was absent, allowing only four observations to take place.

Table 4.2 provides a summary of primary one observations. Although many cells within this table are similar, obvious differences were observed in the following variables:

1. Objectives. The preventative strategy emphasized sight word recognition and phonics, and was limited to five academic objectives; the developmental strategy covered a wide range of objectives (11 academic) and did not appear to emphasize any particular ones; the enrichment strategy stressed sight vocabulary and silent reading skills and covered ten academic objectives.

2. Materials. The preventative strategy employed the greatest variety of materials and included numerous manipulatives as well as pencil-paper activities; the developmental strategy primarily utilized workbooks, dittos, the chalkboard, and basal readers with only an occasional manipulative; the enrichment strategy used almost exclusively pencil-paper and/or symbolic types of materials.

3. Modalities. The preventative strategy generally emphasized multi-modality input of information and always included the visual channel; the developmental and enrichment strategies provided input of information principally through a visual-auditory combination or through a single modality, and did not involve tactile or kinesthetic input.

4. Teacher Direction/Supervision. The preventative strategy primarily provided direct instruction through whole class or small group means with every student receiving direct teacher instruction at some point; the developmental strategy provided essentially the same type of teacher directions and/or supervision as the preventative strategy but with slightly more independent student activity; the enrichment strategy relied more heavily on independent student activity and in some cases, no direct teacher instruction was observed.

5. Levels of Instruction. Of the 44 tasks observed within the preventative strategy, the concrete level of instruction was involved in at least 16 instances, and the abstract level in isolation was involved in 12 instances; of the 56 tasks observed within the developmental strategy, the concrete level of instruction was involved in only four instances, and the abstract level in isolation was involved in 21 instances; of the enrichment strategy's 26 observed tasks the abstract level in isolation was involved in 14 instances, and in conjunction with the representational level in the remainder of instances.

6. Language Experience. Observations in the preventative strategy noted four instances of language experience reading activities; one instance was observed in the developmental strategy; no instances of language experience were observed in the enrichment strategy.

See Appendix C for definitions and examples of variables.

TABLE 4.1

SUMMARY OF KINDERGARTEN OBSERVATIONS

	OBJECTIVES	MATERIALS	GROUP SIZE/TYPE	MODALITIES	TEACHER DIRECTION/SUPERVISION
PREVENTATIVE 9 students at 9 schools	.Sequencing .Language development (receptive and expressive) .Listening comprehension .Following directions .Letter recognition .Shape identification .Sight word recognition .Numeral recognition .Mathematical sets .Graphing .Rhythm and counting .Picture completion	.Alpha-Time characters .Pictures .Books and tapes .Wooden letters .Records .Alphabet book with felt letters .DMP .Graph paper .Blocks .Handwriting book .Chalkboard .Dittos .Art supplies (scissors, crayons, paste) .Finger Plays .Weekly Reader .Housekeeping center .Plastic eggs with letters .Gameboard with puzzle pieces	.Whole class discussion or activity generally followed by three small (6-7 students) groups moving from teacher-directed center to aide-directed center to students-only center .In most instances, did not appear to be ability grouped	INPUT .Visual-Auditory combination .Auditory .Visual-Auditory-Kinesthetic combination .Visual-Auditory-Tactile combination .Visual .Visual-Kinesthetic combination .Kinesthetic-Tactile combination OUTPUT .Motor-verbal combination .Motor .Verbal	.If whole class, direct teacher instruction with aide supervision .If small groups, direct teacher instruction, direct aide instruction, and/or independent activity .Every student received direct teacher instruction at some point
DEVELOPMENTAL 12 students at 9 schools	SAME	SAME	SAME	SAME	SAME
ENRICHMENT 4 students at 4 schools	SAME plus .Classifying and categorizing	SAME plus .Animal pictures	SAME plus .In one instance -- one group worked on higher level activities .In one instance -- individual assignment	SAME	SAME

TABLE 4.1
(Cont.)

LEVELS OF INSTRUCTION	LANGUAGE EXPERIENCE	ON TASK-OFF TASK BEHAVIOR	FEEDBACK/REINFORCEMENT	OTHER
.Concrete (10/33) .Representational-Abstract (7/33) .Concrete-Representational (5/33) .Concrete-Abstract (4/33) .Representational (4/33) .Abstract (2/33) .Concrete-Representational-Abstract (1/33)	.In one instance, students drew pictures of student model, then dictated sentences	.On task behavior -- noted vast majority of observation time .If off task behavior occurred -- very brief (1-2 minutes) -- then returned to task	.Infrequent to frequent, ranging from 1 instance to 13 instances during observation time .Generally positive or corrective	
.Representational-Abstract (9/38) .Concrete (8/38) .Concrete-Representational (8/38) .Concrete-Abstract (4/38) .Representational (4/38) .Abstract (4/38) .Concrete-Representational-Abstract (1/38)	SAME	SAME	.Infrequent to frequent, ranging from 1 instance to 7 instances during observation time	
.Concrete (4/14) .Concrete-Representational (4/14) .Representational (3/14) .Concrete-Abstract (2/14) .Abstract (1/14)	SAME	SAME	.Infrequent to occasional, ranging from 1 instance to 5 instances during observation time .Generally positive	

TABLE 4.2

SUMMARY OF PRIMARY ONE OBSERVATIONS

	OBJECTIVES	MATERIALS	GROUP SIZE/TYPE	MODALITIES	TEACHER DIRECTION/SUPERVISION
PREVENTATIVE 15 students at 8 schools	.Sight word recognition .Phonics (vowels, initial consonants, sound blending) .Following directions .Spelling patterns .Opposites .Art activities for Easter	.Dittos .Pocket chart for sequencing .Chalkboard .Individual chalkboards .Listening center (tapes and records) .Chart paper for language experience .Overhead projector .Transparencies for tracing .Language experience books .Book and tape .Clay .Wooden letters .Cardboard rings .Cut/paste (scissors, paste) .Books .Mirror and Song .Calendar .Art (paint,paper, crayons)	.Whole class seatwork assignments, then small (5-8 students) homogeneous groups where additional seatwork (specific to group's level) was assigned .Occasional individual assignment (2) .In one classroom--12 learning centers where students worked individually	INPUT .Visual-Auditory combination .Visual .Visual-Kinesthetic combination .Visual-Tactile combination OUTPUT .Fine motor (writing, tracing, cutting, etc.) .Motor-verbal combination .Gross motor (jumping, clapping)	.Direct teacher instruction, then indirect supervision by aide for whole class .Direct teacher instruction in small group .Occasional independent activity at learning center .Every student received direct teacher instruction at some point
DEVELOPMENTAL 17 students at 8 schools	.Phonics (vowels, consonants) .Spelling patterns .Rhyming words .Handwriting .Sight vocabulary .Oral and silent reading .Word endings .Quotation marks .Sequencing of events .Following directions .Art activities for Easter .Telling time	.Workbooks .Dittos .Chalkboard .Basal readers .Sight word charts .Listening center (tape) .Language experience books .Puppet .Clock .Art (paint, paper, crayons, scissors)	.Whole class seatwork assignments then small (3-8 students) or large (9-13 students) groups with teacher or aide .Occasional individual assignment (3)	INPUT .Visual-Auditory combination .Visual .Auditory (listening to tape) OUTPUT .Motor-Verbal combination .Motor .Verbal	.Direct teacher instruction, then indirect supervision by aide for whole class .Direct teacher instruction in large and small groups .Occasional independent activity .Every student received direct teacher instruction at some point
ENRICHMENT 12 students at 7 schools	.Sight vocabulary .Silent reading and comprehension .Handwriting .Book sharing .Rhyming words .Plurals .Spelling patterns .Phonics (vowels) .Opposites .Creative writing .Art activities for Easter	.Dittos .Workbooks .Basal reader .SRA reading lab .Chalkboard .Books .Cartoons .Art (paint, paper, crayons)	.Whole class seatwork assignments from board and/or workbooks .Individual assignments (7) .Small group (5-7 students) with teacher	INPUT .Visual-Auditory combination .Visual .Auditory (spelling test) OUTPUT .Fine Motor .Verbal	.Direct teacher instruction, then indirect supervision by aide for large group and/or whole class .Independent activity (SRA, handwriting) .Direct teacher instruction in small group .In some cases, no direct teacher instruction was observed

TABLE 4.2
(Cont.)

LEVELS OF INSTRUCTION	LANGUAGE EXPERIENCE	ON TASK-OFF TASK BEHAVIOR	FEEDBACK/REINFORCEMENT	OTHER
.Representational-Abstract (14/44) .Abstract (12/44) .Concrete-Abstract (6/44) .Concrete-Representational-Abstract (5/44) .Concrete (4/44) .Representational (2/44) .Concrete-Representational (1/44)	.In one instance, individual student booklets were constructed and read aloud .In one instance, a chart was constructed and read .In two classrooms, language experience charts were displayed	.On task behavior -- noted vast majority of observation time .If off task behavior occurred -- very brief (1-2 minutes) -- then returned to task	.Infrequent to frequent, ranging from 1 instance to 8 instances during observation time .Usually occurred during small group session with teacher .Generally positive or corrective .Dependent on teacher style	.Most students removed for ESEA reading during observation time
.Representational-Abstract (29/56) .Abstract (21/56) .Representational (2/56) .Concrete-Representational-Abstract (2/56) .Concrete-Representational (1/56) .Concrete (1/56)	.In one instance, a class book was created and read aloud	.On task behavior -- noted vast majority of observation time .If off task behavior occurred -- very brief (1-2 minutes) -- then returned to task	.Infrequent to frequent, ranging from 0 instances to 11 instances during observation time .Generally positive or corrective .Within small or large group usually corrective or repetitive	
.Abstract (14/26) .Representational-Abstract (12/26)	None	.On task behavior -- noted vast majority of observation time .If off task behavior occurred -- very brief (1-2 minutes) -- usually when work completed	.Infrequent to occasional, ranging from 0 instances to 4 instances during observation time. .Generally positive or corrective .Sometimes directed at entire group rather than individual	

5.0 PERSONNEL UTILIZATION

Table 5.1 depicts average teacher-pupil ratios from the nine sample schools. It appears at this time that kindergarten (1:24.2), first (1:21.9), second (1:22.5) and third (1:23.8) grade ratios are higher than those outcomes proposed in the PREP plan. In the past two cycles, kindergarten and first grade ratios were consistent with the PREP plan, and a narrow range of difference between the lowest and highest teacher-pupil ratio in these grades was evident. During this information-gathering cycle however, much wider differences among the sample schools appeared with as much as a 13-student difference separating the lowest from highest teacher-pupil ratio in kindergarten.

A number of reasons may account for these differences. Some principals reported an influx of students during the spring months. Others commented that they had no space for additional teacher units. One principal reported that although homeroom ratios in first grade were relatively high, cross-grade grouping during the reading/language arts block lowered the ratio for that portion of the day.

Many schools had hired aides rather than teachers. To address this fact, Table 5.2 attempts to reflect average adult-pupil ratios for the nine sample schools. The ratio was determined by dividing the number of students in kindergarten and first through third grades by the number of instructional adults employed for grades K-3. These ratios represent <u>averages</u> within each class which varied depending upon grade and time of day.

In the table the stated one aide may in fact be equivalent to two half-time aides. Six of the eight schools which contained primary grades employed half-time rather than full-time aides; one school employed a combination of half-time and full-time aides; one school employed no primary instructional aides. Full-time aides were present in all kindergarten classes.

Aide usage varied from school to school. Some teachers had the same aide for two and one-half hours each day. Other teachers had a different aide each day of the week. In some cases aides rotated among teachers, and may have been with a teacher from one and one-half hours per day up to two and one-half hours per day. It is important to note then that ratios as reported in Table 5.2 did not exist for an entire instructional day but for only a portion of the day.

TABLE 5.1

PERSONNEL UTILIZATION INFORMATION

TEACHERS ONLY

April, 1981

Grade	Number of Teachers	Number of Students	T-P Ratio	Range Minimum-Maximum
K	14.5/29	703	1:24.2*	1:17 1:30.7
1	45.5	1,000	1:21.9	1:18.1 1:25.2
2	41	922	1:22.5	1:18.6 1:29.8
3	44.5	1,058	1:23.8	1:19.4 1:29.4

*refers to the fact that a full-time kindergarten teacher instructs two sessions (morning and afternoon) of students; teacher-pupil ratio was computed on the number of sessions rather than the number of teachers.

Kindergarten information is based on data collected from nine schools.

Primary 1-3 information is based on data collected from eight schools.

TABLE 5.2

PERSONNEL UTILIZATION INFORMATION

(TEACHERS + AIDES)

April, 1981

School	Number of Instructional Adults		Number of Students	Adult-Pupil Ratio
1	K	1(T) + 1(A)	56	1:14 *
	1-3	15(T) + 4.5(A)	325	1:16.7
2	K	2(T) + 2(A)	91	1:11.4*
	1-3	21(T) + 0(A)	439	1:20.9
3	K	1(T) + 1(A)	53	1:13.2*
	1-3	11(T) + 4(A)	262	1:17.5
4	K	1.5(T) + 1.5(A)	67	1:11.2*
	1-3	12(T) + 5(A)	268	1:15.8
5	K	1(T) + 1(A)	34	1:8.5 *
	1-3	10(T) + 2.5(A)	226	1:18.1
6	K	2(T) + 2(A)	81	1:10.1*
	1-3	18(T) + 2(A)	342	1:17.1
7	K	3(T) + 3(A)	184	1:15.3*
	1-3	21(T) + 8(A)	517	1:17.8
8	K	2(T) + 2(A)	92	1:11.5*
	1-3	23(T) + 11.5(A)	601	1:17.4
9	K	1(T) + 1(A)	45	1:11.2*
AVERAGE	K	14.5(T) + 14.5(A)	703	1:12.1*
	1-3	131(T) + 37.5(A)	2,980	1:17.7

*Full-time kindergarten teachers and aides instruct two sessions of students (morning and afternoon); therefore this ratio is based on number of adults/session rather than number of adults.

6.0 TEACHER QUESTIONNAIRE RESPONSES

During this third evaluation cycle, 30 kindergarten and first grade teachers from nine sample schools were given a brief questionnaire and asked to complete it and return it to the Department of Testing and Evaluation. Their responses were to be anonymous. The following summary reflects responses from the 18 questionnaires which were returned.

Most teachers (16/18) had received further educational assessment information on at least one of their students. Generally this information was communicated by the diagnostician and/or curriculum intervention specialist in verbal and/or written form. Most teachers in this group (14/16) reported that this information was satisfactory to them, and that they used it in educational planning for the student(s). Responses indicated that many teachers used the information to verify their own observations of students and to determine whether or not they were providing appropriate activities for students. Suggested activities were incorporated into practice centers or small group activities. Several respondents commented on the excellent quality of suggestions and diagnosticians' services. Others noted that the lengthy diagnostic report was unnecessary, and that a list of specific recommendations would be sufficient. The two respondents who reportedly had not received further assessment information were first grade teachers.

Suggestions for making further assessment information more meaningful and/or more useful to teachers included:

1. continuous assistance in implementing recommendations in the classroom with ongoing observations and suggestions by the diagnostician and/or curriculum intervention specialist,

2. receipt of information earlier in the year,

3. assistance in securing of suggested materials (first grade respondents),

4. follow-up on specific children by the diagnostician and/or curriculum intervention specialist during the school year,

5. a longer kindergarten day in which to implement the suggestions.

Fourteen respondents stated that they have reviewed some students' instructional strategy assignments for redesign and/or reassignment. After discussing students' classroom work, reading and mathematics performance, and test results with the curriculum intervention specialist and/or diagnostician, some strategy assignments were changed or instructional plans were altered. Most strategy assignments remained unchanged according to a majority of respondents.

Four respondents reported that they have not yet reviewed students' strategy assignments, but will do so before the end of the school year. Most teachers commented that they have not experienced any problems with assignment or review of strategies. However, several areas of concern were mentioned.

1. The process is time consuming for teachers and curriculum intervention specialists.

2. Some teachers are unaware of requirements regarding time of strategy review. (How often does each strategy require review?)

3. Some teachers are unsure of how to fulfill paperwork requirements for strategy review. (How is the PREP record to be filled out after a review?)

4. Reviews at some schools have been conducted primarily with the preventative strategy students and not with the enrichment strategy students.

Most respondents (14/18) had participated in some type of inservice training related to PREP during the 1980-81 school year, and thought that it was useful to them. A majority of teachers reported either a one-half day or full-day training session with their curriculum intervention specialist during pre-planning. Included in these sessions was usually information on screening instruments, record keeping and health activities. In addition, some teachers had attended workshops on the Holt alternative reading program, Workjobs, and health problems. Four teachers reportedly had not participated in any type of inservice training related to PREP.

Half of the respondents requested additional training in the implementation of PREP to include:

1. how to keep records,

2. how to implement diagnosticians' suggestions,

3. how to use supplementary materials (such as Workjobs) in the classroom for different types of strategies,

4. periodic informational meetings (update on PREP with review of guidelines and procedures),

5. discussion among teachers in order to share ideas for implementation of different instructional strategies.

Other respondents stated that they did not need additional training in PREP implementation.

Most teachers (13/18) reported that they or the diagnostician had shared educational screening and assessment information with parents, generally during conferences. Occasionally, the information had been used to explain and justify retention recommendations, SST referrals, and to make other educational and health recommendations to parents. Responding teachers reported that aside from homework activities, most parents had not been involved in any other PREP related functions.

When asked for additional remarks about PREP -- positive or negative effects, or suggestions for improved implementation -- teachers offered a variety of comments. Seven of the 18 respondents emphasized the increased amount of paperwork that accompanies PREP, reporting that it is time consuming and somewhat confusing. Several teachers suggested revision and further training in the PREP record. Two kindergarten respondents stated that PREP had made little difference in their classrooms because they had always done screening and assessment activities with each of their students. PREP had simply formalized matters and required them to record their own procedures. Two first grade teachers commented negatively that PREP had not decreased their pupil-teacher ratio because they still had 25-27 students in their first grade classes. Conversely, four other first grade teachers were pleased that their classroom populations had decreased this year to 16-18 students. Two respondents praised PREP's intentions, but stated that they felt it was time consuming and could not be implemented effectively.

7.0 CONCLUSIONS AND RECOMMENDATIONS

The first group of conclusions and recommendations listed in this section (7.1) relate to information which was gathered during the third evaluation cycle. Conclusions and recommendations which were offered in the previous two cycles' findings are listed in section 7.2, and are accompanied by actions that have been taken as a result. This section is organized by component (e.g., the first 15 items relate to the health component of PREP) so that actions which have been taken in each area can be easily identified.

7.1 CONCLUSIONS AND RECOMMENDATIONS FOR CYCLE III

CONCLUSION	RECOMMENDATION
1. It appears that aside from difficulties in larger schools, persons are relatively comfortable with PREP's health procedures. (Follow-up in larger schools is hindered by the limited amount of services from public health nurses.) Most respondents commented now that they are familiar with requirements, health screening for the 1981-82 academic year (even with the addition of grades 2 and 3) should pose few problems.	1. Maintain present procedures for health component. Investigate personnel requirements of larger elementary schools in terms of health nurses.
2. Review of educational strategy assignments varies among schools in terms of time span and type of review. Some schools reportedly reviewed students' strategies every nine weeks. Others examined them once during the year. At the time of the evaluation team's visit, some schools had not reviewed strategy assignments.	2. Minimum requirements for review of strategy assignments (as understood by the Department of Elementary Education) are: a. Students assigned the preventative strategy shall be reviewed at least twice during the academic year. b. Students assigned the developmental and enrichment strategies shall be reviewed at least once during the academic year. This information should be recorded in written form and disseminated to appropriate personnel in each school.
3. Perceived staff development needs center around three major areas: 1) communication with second and third grade teachers about PREP, 2) record keeping procedures, and 3) strategy implementation.	3. Summer workshops and preplanning workshops at the district and school levels should be conducted to specifically address these three areas.
4. Although there have been no dramatic differences in referrals to SST at the kindergarten and first grade levels, several respondents stated that they feel more confident in the appropriateness of referrals that are being made because more data are available on each student.	4. During the 1981-82 academic year when fuller implementation of PREP takes place, data should be gathered by school-based and county-level personnel to investigate the effect of PREP on SST referrals.
5. At this time summer school attendance at the third grade level apparently has not been influenced by PREP. As in past years, most third grade students who will be attending the summer program are required to do so based on their reading levels. Although some students will be required to attend because of non-mastery of the minimum performance standards, this is not a frequent occurrence not is it viewed as a problem by school officials.	5. In subsequent years (1981-82, 1982-83) data should be gathered from each school to investigate the effect of PREP on third grade retentions and summer school attendance.
6. Some teachers are not sufficiently aware of the types of changes that PREP is designed to make, nor are they able to see immediate positive occurrences in their own classrooms.	6. Periodic information about the effects of PREP on the district and school programs should be disseminated to teachers. The Department of Elementary Education reports that curriculum intervention specialists at each school will be meeting with primary teachers during preplanning and that Elementary Generalists will conduct follow-up informational sessions on a regular basis.

7.1 CONCLUSIONS AND RECOMMENDATIONS FOR CYCLE III (Cont.)

CONCLUSION	RECOMMENDATION
7. Screening and assessment of bilingual students continues to be seen as a problem.	7. Clarification of PREP procedures for bilingual students should be the joint responsibility of the Departments of Student Services and Elementary Education. Inservice is to be conducted by the Departments of Elementary Education and Student Services for primary teachers and curriculum intervention specialists in screening, assessment and implementation of strategies of bilingual students. Inservice is to be conducted by the Early Childhood Supervisor and Department of Student Services for kindergarten teachers in screening of bilingual students. The Bilingual Concerns Committee should continue to discuss bilingual screening and assessment issues and relate these specifically to PREP requirements.
8. PREP records appear to be properly recorded. If problems exist, they are related to students assigned the preventative teaching strategy. Most persons are confused about PREP record keeping requirements, and prefer revision of the existing PREP record.	8. A committee has revised the PREP record, taking into account the recommendations given from Cycles I and II. Directions for its use and other record keeping requirements should be disseminated to appropriate personnel.
9. Observations in selected kindergarten classrooms indicated few differences among the three teaching strategies.	9. During the 1981-82 academic year, observations of implementation of strategies with kindergarten students should be conducted. More enrichment strategy observations should be made. Other variables, such as verbal interaction between teacher and student, should be added to the observation schedule. Additional inservice on appropriate implementation of instructional strategies should be conducted with kindergarten teachers.
10. Observations in selected first grade classrooms indicated obvious differences among the three teaching strategies in the areas of objectives, materials, modalities, teacher direction/supervision, levels of instruction, and language experience.	10. Using the results of the observations conducted in first grade classes, additional inservice on the appropriate implementation of instructional strategies should be conducted with primary teachers.
11. It appears at this point in the school year, average teacher-pupil ratios in kindergarten through third grades at the nine sample schools are not consistent with outcomes stated in the PREP plan.	11. Emphasize need to increase units throughout the school year as situations warrant, particularly at schools which regularly gain students in late winter and early spring.
12. Average adult-pupil ratios in kindergarten through third grades at the nine sample schools are consistent with outcomes stated in the PREP plan. However, these ratios exist for only a portion of the school day, generally during the reading/language arts block.	12. When classroom space is not available, resources should be used to employ aides to maintain lower adult-pupil ratios.

7.2 CONCLUSIONS, RECOMMENDATIONS AND ACTION TAKEN FOR CYCLE I AND CYCLE II

CONCLUSIONS	RECOMMENDATIONS	ACTION TAKEN
In each school there appear to be varying patterns of organizational structure in health screening procedures throughout the academic year, particularly for late-entering students (those who enter school after the first eight weeks).	This information should be disseminated to public health nurses by the Coordinator of School Health Services and related to other evaluation findings. At this time the public health nurse in each school should be requested to assume a more active role in coordinating and taking responsibility for each school's health screening process at the beginning of and throughout the school year.	All public health nurses and principals will be asked to complete a Responsibility Sheet as part of the 81-82 School Health Services Plan. This exercise should assist in defining at the beginning of the school year areas of responsibility in health screening. Public health nurses will be asked to take a more active role in training school personnel and volunteers in screening techniques.
There appear to be questions about several health screening procedures and/or areas at the school level, among them: vision screening dental screening weighing and measuring mental health	Procedures for vision and dental screening should be referred for discussion to the School Health Advisory Committee at the earliest possible date. Explanatory statements should be disseminated and inservice conducted by the Coordinator of School Health Services on the reasons for Health and Rehabilitative Services use of weighing and measuring as the device for monitoring growth and development and nutrition. Mental health screening should be considered part of the educational screening component and be included under the category of social skills.	Vision Screening: Discussion of vision screening has been undertaken both with the School Health Advisory Committee and with the Supervisor of the Visually Handicapped Programs in the school district. The following measures will be initiated in the 81-82 school year: 1. Better training of volunteers and aides responsible for initial screening. 2. Cooperative effort by Health Services and the BEES Program to follow-up vision and rescreening children identified by the primary diagnostic team. Dental Screening: Coordinator has initiated dialogue with new county dental officer, George Sanchez, DDS, to improve follow-up of identified dental problems and expand dental mouth rinse program (in cooperation with health education). Height/Weight: Coordinator of School Health Services will produce a written document for schools stating the rationale for each component of the PREP Health Screening for the 81-82 school year. Mental Health Screening: Consideration is being given on the state level for removing this component from Health Services screening.
There appear to be problems in the time frame for delivery of health screening, particularly in the area of hearing screening.	The present system for hearing screening should be examined by the Coordinator of School Health Services and the Office of Communication Disorders, and a written statement prepared on the status of hearing screening relative to PREP guidelines.	Several members of the local PREP evaluation committee will meet with the Supervisor of Communication Disorders to prepare a statement of timeline for Hearing Vans. Note: It is felt that students identified as having possible learning problems are being screened prior to arrival of the van by speech therapists or the public health nurses. The Health Observation Check-List also is helpful in referral of hearing problems to proper individuals.

7.2 CONCLUSIONS, RECOMMENDATIONS, ACTION TAKEN FOR CYCLE I AND CYCLE II (Cont.)

CONCLUSIONS	RECOMMENDATIONS	ACTION TAKEN
In some schools there seems to be a need for additional personnel to implement health screening procedures, at least during the first eight weeks of the school year.	The possibility of different staffing options should be investigated by the Coordinator of School Health Services and other selected personnel.	In schools where health aides have been used PREP screening appears to have been less problematic. An extension of this program is being encouraged. The Health Department will be asked to reassess their staffing patterns to schools during development of the annual Health Service Plan in April-May, 1981. Cooperation of Health Occupations Programs in the high schools and the College of Nursing at USF will be sought to supplement school district personnel and other volunteers in health screening activities.
There appear to be problems in the area of follow-up for identified health problems, and a need for definitive guidelines for follow-up.	The possibility of using the locally-developed Health Observation Check-List as a follow-up mechanism should be investigated by the Coordinator of School Health Services and the Department of Testing and Evaluation, based on results of the in-progress evaluation of this instrument.	The Health Observation Check-List has been evaluated by kindergarten teachers and public health nurses. The revised check-list will include a place for nurses to note referral and follow-up activities.
There seem to be problematic state guidelines concerning parental permission for segments of the health screening component.	In-progress discussion of this situation should be continued by the Coordinator of School Health Services and involved state-level personnel.	The Health Service Coordinator has worked with Senator Pat Frank to assure an introduction of a legislative bill to revise parental permission requirements. Action is pending in the State Legislature on this
Few students have been referred for further screening/assessment in the areas of nutrition and growth and development.	The present procedures (weighing and measuring) for gathering data about nutrition and growth and development should be examined by the Coordinator of School Health Services and selected personnel.	Rationale for this activity is as follows and will be provided to school personnel as mentioned in Cycle I, Item 2 - Height, Weight: Discussion on the value of the measurement of height and weight was undertaken at a workshop of HRS and DoE personnel on 4/08/81 in Tampa. The consensus was that when height-weight graphs are initiated in kindergarten and maintained annually for a number of years, the graph can constitute a valuable indicator of growth and development/ nutritional problems.

7.2 CONCLUSIONS, RECOMMENDATIONS, ACTION TAKEN FOR CYCLE I AND CYCLE II (Cont.)

CONCLUSIONS	RECOMMENDATIONS	ACTION TAKEN
A variety of other health related problems have been reported at the school level. Follow-up on some of these situations is inconsistent and problematic. The degree to which this area relates to the PREP health component is unclear.	An investigation should be conducted by the Coordinator of School Health Services and selected personnel to determine the extent to which schools which employ health aides differ in following through on health related problems compared with schools which do not employ health aides. Discussion should be initiated by the Coordinator of School Health Services and involved state-level personnel on the extent of involvement of this area within the PREP health component.	The intent of the Health Screening Component of PREP seems to be rather vague in relation to health problems other than those specifically identified by formal screening activities. The general consensus is that any health related condition that interferes with learning when in school or contributes to attendance problems should be a concern of School Health Services and thereby the PREP Health Component. A final evaluation of the health aide program in the 25 participating schools is now underway. Indications at this time point to better communication between public health nurses and school personnel in schools with health aides. The improved communication between home and school on health-related matters also has been commented on by principals with health aides.
Procedures which are being used for screening rescreening-follow-up in the area of vision appear to be operating satisfactorily.	Procedures as presently implemented for vision screening should be continued. Further investigation of the quality of instrumentation and services should be conducted during the third evaluation cycle.	See Cycle I - Item 2
Non-compliance with the time frame for delivery of hearing screening services continues to be an issue. Although some type of hearing screening is conducted at schools without hearing van services, its legitimacy is questioned.	See recommendations for Cycle I: (The present system for hearing screening should be examined by the Coordinator of School Health Services and the Office of Communication Disorders, and a written statement prepared on the status of hearing screening relative to PREP guidelines [Cycle I].) An investigation should be conducted of the correlation between those students identified as needing further hearing assessment using school-based methods of screening versus those students identified as needing further hearing assessment by the hearing van.	See Cycle I - Item 3
There appears to be a conflict in expectation in the types of information which classroom teachers receive from hearing van personnel and the information that teachers think they should be receiving.	The role of hearing van personnel in communicating hearing screening results and recommendations should be clarified, and a system for communicating hearing screening results directly to classroom teachers should be developed.	This item will be subject to discussion in meeting mentioned in Cycle I - Item 3.

7.2 CONCLUSIONS, RECOMMENDATIONS AND ACTION TAKEN FOR CYCLE I AND CYCLE II (Cont.)

CONCLUSIONS	RECOMMENDATIONS	ACTION TAKEN
There seems to be a general awareness of the need to screen late-entering students in the area of health throughout the school year. Some schools report effective procedures for managing screening for late-entering students; other schools are having difficulties in this area.	Schools which have developed successful procedures for health screening of late-entering students should be encouraged to disseminate their systems to other schools. The manner in which this communication takes place should be determined by the Coordinator of School Health Services and selected personnel.	In the document to be produced by the Health Service Coordinator on the rationale for the various components of PREP health screening, suggestions will be made on handling various aspects -- recording, processing late-entering students. Publication of description of models for dealing with all PREP components is being considered.
At this time, there no longer seems to be a problem in obtaining parental permission for segments of the health screening component.	See recommendations from Cycle I: (In-progress discussion of this situation should be continued by the Coordinator of School Health Services and involved state-level personnel. [Cycle I].) Future problems in this area should be dealt with on an individual basis.	See Cycle I - Item 5
Examination of student health records revealed that health screening tasks seem to have been accomplished. Teachers have initial screening information, but the information is not recorded in a uniform manner on student health records and sometimes is scattered throughout the school.	Clarification should be given as to the manner in which student health records are to be completed and persons who are responsible for completing the records. This issue should be examined more closely during Cycle III of the PREP evaluation.	At this time, the Health Service Coordinator is awaiting more information based on Cycle III. Several methods for simplifying record keeping are being investigated. One method is being piloted at Robinson Elementary, 80-81 and 81-82.
Several respondents suggested the inclusion of a parent checklist in the health component.	An investigation of the possibility of the use of a parent checklist should be conducted by the Coordinator of School Health Services and selected personnel.	The Health Service Coordinator has discussed the use of a Parental Check-List with the Supervisor of Health Services in Pasco County, where one is being used. The feeling is that the parental check-list may be a duplication of the history portion of the physical examination and the health observation check-list completed by the teacher. Investigation of this item will continue in the 81-82 school year.
A lot of variance seems to exist across schools in the manner in which the public health nurse follows through on health screening procedures.	See recommendations for Cycle I: (This information should be disseminated to public health nurses by the Coordinator of School Health Services and related to other evaluation findings. At this time the public health nurse in each school should be requested to assume a more active role in coordinating and taking responsibility for each school's health screening process at the beginning of and throughout the school year. [Cycle I].) In-progress discussion of this situation should be continued by the Coordinator of School Health Services and involved county-level personnel.	Discussions with the Health Department in the process of drafting the 81-82 School Health Plan will center on the method of assigning nurses to school health services. The school district will suggest that an alternative method of assigning nurses be tried in some areas of the district.

7.2 CONCLUSIONS, RECOMMENDATIONS, AND ACTION TAKEN FOR CYCLE I AND II (Cont.)

CONCLUSIONS	RECOMMENDATIONS	ACTION TAKEN
School personnel seem to be following the procedures of educational screening as outlined in the PREP plan, using recommended instruments and completing educational screening within the stated time frame. However, the following areas of concern are evident: a. Some kindergarten teachers experienced difficulty using the MSTOI. b. Some kindergarten teachers recommend an extended period of time for screening of some kindergarten students. c. The existing mathematics screening procedure for grade one is not sufficient. d. Some teachers do not feel comfortable in making decisions about the need for further assessment.	a. Existing screening procedures for kindergarten, particularly use of the MSTOI, should be reviewed by the Coordinator of the Primary Diagnostic Team, the Supervisor of Early Childhood Programs, and other selected personnel. b. The policy of screening kindergarten students within the first eight weeks of school should be examined by selected personnel to determine whether or not this time period is appropriate. c. A mathematics screening instrument for grade one should be developed by selected personnel. d. Inservice should be given to teachers on decision making regarding further assessment, particularly of students being considered for enrichment teaching strategies.	a. Screening procedures have been reviewed with the result that the Dallas Pre-School Screening Test will replace the MSTOI as the screening instrument. b. In order to change the time period of screening, legislative action must be taken. This concern has been communicated to the PREP Council. c. A mathematics screening instrument is being studied by a committee. The results will be known in the near future. (On Dececember 15, 1980, a committee began meeting to develop a math screening instrument/procedure to be used for placing Primary I students in math. This instrument and procedure will be piloted with kindergarten and Transitional I students, in nine schools during the week of April 27, 1981. In the fall of 1981, an additional number of schools will pilot the instrument and procedure with new Primary I students. d. Criteria for assigning enrichment strategies as outlined in the PREP Plan will be reviewed with curriculum intervention specialists and teachers in future in-service.
There appears to be general satisfaction with procedures for further educational assessment as stated in the PREP Plan.	Procedures as stated in the PREP Plan should be continued.	Continue as planned.
There appears to be general satisfaction with personnel assisting in the further educational assessment process.	Personnel and their designated roles in the further assessment process as stated in the PREP Plan should be continued.	Continue as planned.
There is concern with the amount of time necessary to complete the further educational assessment process.	Time allocations and duties of personnel involved in further assessment should be examined by selected personnel.	The committee developed to review responsibilities of curriculum intervention specialists has recommended additional personnel to assist with PREP related responsibilities. Continued study will be conducted to address ways of effectively expediting the process.
School-based personnel do not know how to educationally screen or further assess bilingual students.	Procedures for educational screening and assessment of bilingual students should be determined by selected personnel.	A Bilingual Concerns Committee has met and discussed issues relevant to assessment of children in this county. The Primary Education Diagnosticians consult with bilingual psychologists. Additional diagnosticians have been requested, with first priority for a Spanish-speaking one.

7.2 CONCLUSIONS, RECOMMENDATIONA, AND ACTION TAKEN FOR CYCLE I AND CYCLE II (Cont.)

CONCLUSIONS	RECOMMENDATIONS	ACTION TAKEN
Communication with parents is not seen as different as a result of PREP than it has been in the past.	This issue should be examined more closely during Cycles II and III of the PREP evaluation. No recommendation is made at this time.	
There is some confusion as to labelling of students versus assignment of teaching strategies.	Additional inservice on the definition and implementation of teaching strategies should be conducted, and information about teaching strategies should be communicated to a wider audience throughout the county.	On professional study day, August 19, 1981, inservice is planned for teachers by grade level to clarify the terms of implementation of strategies. Supervisors will follow-up during the 1981-82 school year.
Among school personnel, there are generally positive feelings about the PREP record, but with two major areas of concern: a. A set of written instructions to accompany the PREP record is necessary. b. Several modifications to the form itself are necessary.	A set of instructions stating how to fill out the PREP record, and definitions of "entry date" and (+) (-) should be written. Inservice emphasizing a case study approach for different types of decisions about students should be conducted. Written instructions on filling out the PREP record should be disseminated to teachers. The PREP record should be examined for changes/additions suggested in the areas of: dates of initial strategy assignments, listing of assessment instruments, dates of assessment, SST dates and ducisions, initials of persons who assigned strategies, columns for Social Skills in Sections I and II and on the Instructional Plan page, use of the letter "K" rather than the letter "R" for kindergarten students.	A set of instructions for completing the PREP record was disseminated to schools on October 2, 1980. A committee has revised the PREP record, taking into account the recommendations as given. Directions for completing the record have been made a part of the record itself. In addition, the original set of instructions will be revised and disseminated.
There seems to be some confusion about the transfer of PREP records from school to school.	The existing records policy for procedures for the transfer of PREP records should be reviewed and disseminated.	The PREP record is considered to be an insert in the students' cumulative folder. (DOSS Handbook, p. 96, 10d). Therefore, the existing transfer of records policy applies (DOSS Handbook, pg. 97, 8-1, and p. 98E).
It appears that, on the average, kindergarten and first grade teacher-pupil ratios are consistent with anticipated outcomes proposed in the PREP plan.	Present kindergarten and first grade teacher-pupil ratios should be maintained throughout the 1980-81 academic year.	Maintain as is.
Second and third grade teacher-pupil ratios, on the average are higher than those in kindergarten and first grade and are not consistent with the outcomes proposed in the PREP plan.	Second and third grade ratios should be examined to determe why they are not consistent with the PREP plan.	Continue allocation of PREP resources to each school site equivalent to realize teacher-pupil ratios as stated in the PREP plan, emphasizing a need to allocate units throughout the year as increased enrollments warrant such increase. Classroom units will be placed on a space available basis. When classroom space is not available the resources will be used to employ aides to reduce the adult-pupil ratio to support the outcomes proposed in the PREP plan.

7.2 CONCLUSIONS, RECOMMENDATIONS, AND ACTION TAKEN FOR CYCLE I AND CYCLE II (Cont.)

CONCLUSIONS	RECOMMENDATIONS	ACTION TAKEN
Adult-pupil ratios across grades K-3 approach proposed teacher-pupil ratios recommended in the PREP plan for a portion of the day.	See previous two recommendations.	See previous recommendation.
Procedures for educational screening of late-entering first grade students are viewed as satisfactory in the area of reading, but unsatisfactory in the area of mathematics.	Existing procedures for late-entering first grade students should be continued in the area of reading. See recommendation from Cycle I concerning mathematics screening instrument: (A mathematics screening instrument for grade one should be developed by selected personnel. [Cycle I])	On December 16, 1980, a committee began meeting to develop a mathematics screening instrument/procedure to be used for placing Primary I students in mathematics. This instrument and procedure will be piloted with kindergarten and Transitional Primary I students, in nine schools during the week of April 27, 1981. In the fall of 1981, an additional number of schools will pilot the instrument and procedure with new Primary I students.
School personnel seem to be following procedures of educational assessment as outlined in the PREP plan. In terms of further educational assessment in kindergarten, the following points emerged: a. An average of 28% of all kindergarten students were referred for further assessment. b. Eight of nine sample schools had not completed their further assessment lists for kindergarten. c. The diagnostician is primarily responsible for further educational assessment for kindergarten students, and generally coordinates the kindergarten further assessment process.	In terms of the percentage of kindergarten referrals, no recommendation is made at this time because this percentage is consistent with data collected over the previous two years and seems accurate and appropriate. During Cycle III of the PREP evaluation, questions regarding the status of further assessment lists in kindergarten and persons responsible for their completion should be included.	See Cycle III report.
In terms of further educational assessment in first grade, the following points emerged: a. An average of 36% of all first grade students were referred for further educational assessment. b. Four of eight sample schools had not completed their further assessment lists for first grade. c. The diagnostician and curriculum intervention specialists are responsible for further assessment in first grade, and the curriculum intervention specialist coordinates the first grade further assessment process.	The percentage of first grade referrals and the outcomes of these referrals should be examined more closely during Cycle III of the PREP evaluation. During Cycle III of the PREP evaluation, questions regarding the status of further assessment lists in first grade and persons responsible for their completion should be included.	See Cycle III report.

7.2 CONCLUSIONS, RECOMMENDATIONS, AND ACTION TAKEN FOR CYCLE I AND CYCLE II (Cont.)

CONCLUSIONS	RECOMMENDATIONS	ACTION TAKEN
Further educational assessment at the school level involves a variety of instruments, methods, and informal procedures. Some persons are satisfied with the procedures they are using, and are comfortable in carrying out further assessment activities; other persons are not.	Selected personnel should be involved in clarification of and further training in the appropriate selection, administration, and interpretation of the various methods, instruments, and procedures of further assessment. The use of systematic observation as a legitimate further assessment tool should be investigated.	Inservice to clarify the appropriate selection, administration, and interpretation of various methods, instruments and procedures for further assessment was given to a segment of the curriculum intervention specialists. This inservice will be completed in two additional phases, Phase I will occur during the summer of 1981 and Phase II in September, 1981.
Some schools are apparently unable to purchase recommended further assessment materials.	Selected personnel should investigate the prevalency of the lack of further assessment materials in some schools, and devise ways of correcting this problem if it exists.	Generalist supervisors will investigate the needs in individual schools and recommendations will be made for correcting any lack of necessary materials.
Teachers expect to receive specific and substantial bits of information about students as a result of further educational assessment.	Cycle III of the PREP evaluation should include questions regarding the degree to which teachers are satisfied with information they receive as a result of further educational assessment.	See text of Cycle III report.
Verbal and written communication as given by the diagnostician to the classroom teacher is viewed as valuable in educational planning for the student. However, a time lag exists between the teacher-diagnostician conference where verbal results and suggestions are communicated and the arrival of the written diagnostic report.	Existing content of verbal and written communication between diagnosticians and teachers should be continued as is. Ways of lessening the time lag between verbal and written communication should be explored by selected personnel.	Student Services administrators are aware of the existing problem. Additional clerical personnel have been requested for typing of reports. Primary Diagnostic Team is currently exploring ways of assisting teachers in taking appropriate notes from verbal communication presented immediately after assessment.
Overall the further assessment process is viewed positively by school-based personnel and is seen as positively affecting the educational program for students. However, the time involved in and necessary for the assessment process is seen as a major weakness of this component of PREP.	Selected personnel should explore ways in which to expedite the further assessment process while maintaining the quality of the existing services and communication.	The committee developed to review responsibilities of curriculum intervention specialists has recommended additional personnel to assist with PREP related responsibilities. Continued study will be conducted by Instructional Division and Student Services to address ways of effectively expediting the process.
Review of student performance for possible redesign/reassignment of instructional strategies has occurred in a majority of sample schools. All sample schools expressed future plans to review instructional strategies.	Cycle III of the PREP evaluation should include questions which address the status of redesign/reassignment of instructional strategies, and investigate the process used in doing so.	See text of Cycle III report.
Most respondents commented that procedures for identification for enrichment strategy were satisfactory, but implementation of enrichment strategy techniques within the classroom and school is unsatisfactory and unclear.	Selected district-level personnel should assume a leadership role in implementation of the enrichment strategy, both in terms of guidance and inservice.	During 1980-81, the focus of inservice for K and 1 related to preventative strategies. Inservice for enrichment strategies was provided for grades 2 and 3 teachers. During 1981-82, K and 1 teachers will be provided inservice for enrichment strategies.

7.2 CONCLUSIONS, RECOMMENDATIONS, AND ACTION TAKEN FOR CYCLE I AND CYCLE II (Cont.)

CONCLUSIONS	RECOMMENDATIONS	ACTION TAKEN
Overall the terms "preventative," "developmental," and "unrichment" are being defined more in terms of strategies than labels; however, some confusion about their meanings still exists.	See recommendations from Cycle I: (Additional inservice on the definition and implementation of teaching strategies should be conducted, and information abut teaching strategies should be communicated to a wider audience throughout the county.)	On professional study day, August 19, 1981, inservice for teachers by grade level to clarify the terms of the implementation strategies will be conducted. Supervisors will follow-up with grade level meetings during 1981-82 school year.
Most schools do not have a systematic way for disseminating information about PREP to parents and involving parents in PREP activities.	Selected personnel at the school and district levels should explore existing methods of PREP parent communication and involvement and disseminate those methods and/or suggestions to appropriate school-level personnel.	An end of year survey to determine the existing methods of PREP parent communication and involvement will be made.
While group dissemination activities for parents have not occurred to a large extent, individual parent communication appears to have been enhanced by PREP procedures, and the quality of information shared with parents has changed.	During parent conferences and communications school personnel should be encouraged to use the additional information which PREP provides about each student.	A guidebook listing all county school system services that are available to parents has been provided. A handbook for parents which provides for remediation of State Assessment standards has been prepared and disseminated.
Most PREP records appear to be completed properly through the educational screening section. A great deal of confusion seems to exist in using the other portions of the record.	See recommendation from Cycle I: (A set of instructions stating how to fill out the PREP record, and definitions of "entry date" and (+) (-) should be written. Inservice emphasizing a case study approach to filling out the PREP record for different types of decisions about students should be conducted. Written instructions on filling out the PREP record should be disseminated to teachers. The PREP record should be examined for changes/additions suggested in the areas of: dates of initial strategy assignment, listing of assessment, SST dates and decisions, initials of persons who assigned strategies, columns for social skills in Section I and II and on the Instructional Plan page, use of the letter "K" rather than the letter "R" for kindergarten students. (Cycle I]). Selected personnel should evaluate the PREP record for possible revision and should clarify and disseminate existing procedures to school personnel.	See a previous PREP record entry.

7.2 CONCLUSIONS, RECOMMENDATIONS, AND ACTION TAKEN FOR CYCLE I AND CYCLE II (Cont.)

CONCLUSIONS	RECOMMENDATIONS	ACTION TAKEN
In kindergarten the diagnostic report is being successfully used as the instructional plan portion of the PREP record.	The existing procedures for use of the diagnostic report as the instructional plan in kindergarten should be continued	Continue as planned.
In less than half of the sample schools first grade teachers considered the instructional plan section of the PREP record useful in educational planning for the student. In the remainder of the sample schools, instructional plan information was nonexistent, incomplete, or used for documentation purposes only.	Selected personnal should re-examine and clarify the purposes and uses of the instructional plan section of the PREP record. Information should be disseminated to appropriate school personnel, particularly to first grade teachers.	Additional inservice will be provided for curriculum intervention specialists on utilizing the results of assessment for planning appropriate strategies and programs. Particular emphasis will be placed on assisting first grade teachers in implementing the instructional recommendations for preventative strategies.
It appears that, on the average, kindergarten and first grade teacher-pupil ratios are consistent with anticipated outcomes proposed in the PREP plan.	Present kindergarten and first grade teacher-pupil ratios should be maintained.	Maintain as is.
Second and third grade teacher-pupil ratios, on the average, are higher than those in kindergarten and first grade and are not consistent with outcomes proposed in the PREP plan.	See recommendation from Cycle I: (Second and third grade ratios should be examined to determine why they are not consistent with the PREP plan.)	Continue allocation of PREP resources to each school site equivalent to realize teacher-pupil ratios as stated in PREP plan, emphasizing need to allocate units throughout the year when increase warrants Classroom units will be placed on a space available basis. When classroom space is not available the resources will be used to emply aides to reduce adult-pupil ratio to support outcomes proposed in the PREP plan.
Adult-pupil ratios for a portion of the school day across grades K-3 are close to proposed teacher-pupil ratios recommended in the PREP plan.	See recommendation from Cycle I.	See above.

8.0 FUTURE EVALUATION PLANS

As indicated in Hillsborough County's PREP proposal the fourth cycle of this evaluation will take place in January, 1982. At this time, nine schools not included in the first three phases of the evaluation will be selected at random and informed of the evaluation teams' intended visit. School-based personnel involved with PREP (including principals, curriculum intervention specialists, teachers, aides and guidance counselors) will be questioned about implementation of PREP's components in kindergarten through third grades. The fourth cycle will emphasize screening and assessment activities, personnel utilization, and assignment of strategies. Observations of strategy implementation will also take place. Following these activities a written document summarizing the evaluation findings will be generated and disseminated.

APPENDIX A

General Information

_____first grade students have been further assessed by the diagnostician and the curriculum intervention specialist.

_____kindergarten students have been further assessed by the diagnostician.

_____kindergarten students are waiting to be assessed.

_____students are in the kindergarten class -- ____in the A.M. and ____ in the P.M.

First grades consist of ____children in clases of ____,____,____, and____. There are ____teachers and ____aides with each aide shared by ____teachers.

Predominant uses of aides:

small instructional groups
individual student assistance
preparation of materials

Developed by Barbara McClamma, Curriculum Intervention Specialist at Jackson, Plant City Elementary School

APPENDIX B

[illegible] = Red
[illegible] = Blue
[illegible] = Yellow
Fourth Period = Green

PRIMARY [illegible]
PROGRESS LIST

GRADE 2

Year _____

Phyllis Crismore

	HOLT READING PROGRAM													CTBS				PREP STRATAGIES				
	Level	VI	VII		VIII			IX				X			Reading		Math					
	Unit	1	1	2	1	2	3	1	2	3	4	1	2	3	National Stanine	National Percentile	National Stanine	National Percentile	Reading	Math	Review Dates	Special Services (ESEA, SED, ED, etc.)
Achievement Projection																						
Actual Achievement																						
Student Names																						
1																						
2																						
3																						
4																						
5																						
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Developed by Phyllis Crismore, Curriculum Intervention Specialist, Wilson Elementary (adapted and revised from records developed at Dover School and by Susan Schramm, Elementary Generalist).

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APPENDIX C

PREP EVALUATION OBSERVATIONS

CYCLE III

DESCRIPTIONS OF VARIABLES

TASK: Any instructional activity in which the student participates that has an obvious beginning and obvious end.

Example: Teacher reads story to class. (Task 1)
Teacher explains boardwork to group. (Task 2)
Teacher works with small group. (Task 3)

OBJECTIVE: What is instructional purpose of the task?

Example: "ending sounds" or "concept of top, middle, bottom"

MATERIALS: What materials are in use for particular task?

Example: chalkboard, pencil, paper, scissors, Holt workbook Level 4, Holt light screen, manipulatives

GROUP SIZE: Is student working individually, in a small group (up to 7 students), in a large group (8 or more), or with the whole class?

Example: small (5)

MODALITY: Through which modality(ies) is information being presented? And through which modality(ies) must the student respond? (visual, auditory, kinesthetic, tactile)

Example: visual (chalkboard) and auditory (teacher-talk) input; verbal (student talks) and motor (student writes) output

TEACHER DIRECTION: Is teacher or aide indirectly or directly instructing the student? Is the student working independently?

Example: direct teacher instruction; or indirect supervision by aide

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LEVELS OF INSTRUCTION:

Is instruction on the concrete level (actual sounds of familiar things, manipulatives, body movement, actual objects), representational level (pictures, representations of actual objects), or at the abstract level (symbols, words, sounds for letters)?

Example: representative (pictures of objects with /f/ sound) and symbolic (/f/) sound)

LANGUAGE EXPERIENCE:

Is the language experience approach being used? In what way?

Example: yes, student dictates three sentences about field trip to aide

NARRATIVE: A brief description of task requirements, classroom setting, and student-teacher interactions

TIME: How much time did the task encompass?

Example: 12 minutes (8:15-8:27 a.m.)

ON TASK/OFF TASK: Is the student attending to task? Check each student's on task behavior at the end of each three minute interval and code as follows: N = on task behavior, F = off task behavior.

FEEDBACK/REINFORCEMENT:

Does teacher provide instructional feedback when specific student responds? and/or Does teacher give general reinforcement to specific student or group as a whole? When teacher does any of these activities to the student, code as follows: C = corrective feedback related to instruction (You make a "W" like this.); P = positive feedback related to behavior and/or instruction ("good," "right," etc.); N = negative feedback related to behavior and/or instruction ("No, that's wrong;" "don't do that again;" "go to the office"; etc.); R = teacher repeated student response. Feedback/Reinforcement may take the forms of smiles, gestures, stars, tokens, etc.